

Title: **How To: From Superbill to Cosmetic Surgery Estimate**

Session: **M-3-1430**



Objectives

- Review the policy governing Cosmetic Surgery services in the MHS – Health Affairs (HA) Policy 05-020
- Gain a better understanding of the business rules that drive the pricing in the Cosmetic Surgery Estimator (CSE)
- Be aware of the Superbill's role as a key starting point to creating an accurate estimate
- Know where the most common mistakes can occur in the process when generating an estimate in the CSE
- Tie it all together and know where to locate resources



Cosmetic Surgery Policy Underlying Principles

- Elective cosmetic surgery is not a TRICARE-covered benefit; it's a space-available "advantage"
- Health Affairs Policy 05-020 authorizes elective cosmetic surgery in Military Treatment Facilities (MTFs) to "support graduate medical education, board eligibility and certification, and skill maintenance for certified specialists." The policy also notes that support of our wartime mission demands specialists skilled in reconstructive surgery. *HA Policy 05-020, June 2005*
- Only privileged staff and residents in the specialties of plastic surgery, otorhinolaryngology, ophthalmology, dermatology, and oral-maxillofacial surgery may perform cosmetic surgery procedures. It excludes the *excision or destruction of minor benign dermatologic lesions*, which may be performed by qualified and privileged providers in any specialty.



Availability of Elective Cosmetic Surgery

- Elective cosmetic surgery MTFs is only provided on a “space available” basis and is limited to:
 - TRICARE-eligible beneficiaries (including TRICARE for Life) who will not lose eligibility for at least 6 months
 - May not exceed 20% of a physician’s caseload
 - Cannot interfere with any medically necessary case
- Patients are fully responsible for all fees (surgeon, facility and anesthesia charges), as well as the cost of all implants, cosmetic injectables, and other separately billable items
- There will be no discrimination in patient selection based on rank of the patient or rank of the sponsor



Acknowledgement of Terms

- Patients who undergo cosmetic surgery procedures in the MTF must be permitted to obtain necessary post-operative care within the MTF unless the care required exceeds MTF capabilities
- All cosmetic surgery patients must be informed prior to surgery that follow-up, including revision surgery, is not guaranteed in the direct care system and that complications of cosmetic surgery procedures are excluded from coverage under TRICARE
- The patient's medical record must contain a signed acknowledgement of this disclosure



Business Rules Define the Rate Methodology

Professional Charges* (Surgeon's Fee)

+

Facility Fee*

(There is no separate facility fee for procedures performed in a provider's office)

+

Anesthesia Fee

+

Cost of Implants & Pharmaceuticals

(e.g., Breast Implants, Botox®, Restylane®)

= TOTAL COST

** For bilateral or secondary procedures performed during the same surgical encounter, fees are reduced by 50% for additional procedures*



Business Rules in the CSE as Basis for Discounts

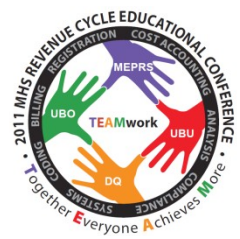
Basis for Discounts

Page 12 in User Guide

Primary CPT Code

If patient is requesting a price estimate for multiple procedures, the primary CPT code shall be that for the procedure with the highest Cost Ranking before discounts are taken.

| Business Rule Category | Provider's Office | OR/Outpatient | OR/Inpatient |
|---------------------------------------|--|--|--|
| Professional Fee | CMAC Non Facility Physician Category 1, Locality 300 | CMAC Facility Physician Category 1, Locality 300 | CMAC Facility Physician Category 1, Locality 300 |
| Institutional ("Facility") Fee | There is no separate Facility Fee for services performed in a provider's office. *The non-facility professional rate is higher to account for this place of service | *APC rate, 100% *Total cost for outpatient procedure <u>does not include</u> applicable professional and anesthesia fees; these fees are in addition to APC facility fee | *Facility Fee (DRG), 100% *Total cost for inpatient procedure (DRG) <u>includes</u> applicable professional and anesthesia fees |
| Anesthesia | Local Block = \$0 Topical = \$0 Moderate Sedation = \$103 flat fee, if applicable (annotate on Superbill) | Local Block = \$0 Topical = \$0 Moderate Sedation = \$103 flat fee General/Monitored Anesthesia Care = (Anesthesia Base Units + Avg. Minutes of Service) x (Median TRICARE Anesthesia Conversion Rate) | Local Block = \$0 Topical = \$0 *Total cost for inpatient procedure (DRG) <u>includes</u> applicable anesthesia fee |



2010 Superbill Highlights

INSTRUCTIONS: (1) Fill in top of form. (2) Circle or highlight Procedure Description. (3) Check Bilateral column (optional). (4) Enter the quantity of each procedure.

Make sure this section is complete!

Page 1 of 2

Cosmetic Surgery Superbill 2010

| | | | |
|--|--|--|----------------------------------|
| MTF: | | Patient Name: | |
| Provider's Name and Phone: | | Visit Date: / / Surgery Date: / / | |
| ICD-9 Code 1: | ICD-9 Code 2: | Anesthesia: | |
| <input type="checkbox"/> Location: <input type="checkbox"/> Provider's Office | <input type="checkbox"/> Operating Room Inpatient | <input type="checkbox"/> Local Block | |
| <input type="checkbox"/> Other Location: _____ | <input type="checkbox"/> Operating Room Outpatient | <input type="checkbox"/> Monitored/General Anesthesia Care | <input type="checkbox"/> Topical |
| | | <input type="checkbox"/> Moderate Sedation | <input type="checkbox"/> None |

Good practice to enter the MTF name

Add provider Fax # and arrange to fax paid I&R

Code V50.1 is usually 1st

Location is important as it drives the rate calculation

Consider alternative patient naming convention to protect PHI

Visit and surgery dates important for reconciliation but often the surgery is not scheduled until patient receives the estimate. Payment is REQUIRED in advance!

Monitored/General Anesthesia cannot occur in the location of the provider's office

What it takes: If the person filling out the Superbill does it correctly, and a correct estimate is generated in the CSE, and the patient paid in advance, and your file management is compliant, and the same procedure(s) are validated during reconciliation ... you have a successful and compliant business process!

Alternatives to the Superbill provided by the UBO Program Office are not approved as they can increase the risk of incorrect/incomplete pricing



2010 Superbill Highlights

The key to a successful estimate is an accurate

Superbill

| Procedure Description | Code | Bi | Qty | Procedure Description | Code | Bi | Qty | Procedure Description | Code | Bi | Qty |
|--|-------|----|-----|--|-------|----|-----|--|-------|----|-----|
| SKIN TAG REMOVAL | | | | RHYTIDECTOMY | | | | INJECTIONS | | | |
| Removal of skin tags, up to 15 | 11200 | | | Rhytidectomy; forehead | 15824 | ✓ | | Intralesional Injection | | | |
| Removal of skin tags, ea addl 1-10 | 11201 | | 10 | Rhytidectomy; neck w/P-Flap tightening | 15825 | | | Intralesional Injection, 7 or less | 11900 | | |
| LESION REMOVAL | | | | Rhytidectomy; glabellar frown lines | 15826 | | | Intralesional Injection, 8 or more | 11901 | | |
| Shaving of Epidermal or Dermal Lesions (single lesion) | | | | Rhytidectomy; cheek, chin, & neck | 15828 | | | Subcutaneous Injection of Filling Material | | | |
| Trunk, arms or legs | | | | Rhytidectomy; SMAS flap | 15829 | | | (Specify filling material, qty, and price below) | | | |
| < 0.5 cm lesion diameter | 11300 | | | BREAST/CHEST AUGMENTATION | | | | 1 cc or less | 11950 | | |
| 0.6 to 1.0 cm lesion diameter | 11301 | | | Mastectomy for Gynecomastia | 19300 | | | 1.1 - 5.0 cc | 11951 | | |
| 1.1 to 2.0 cm lesion diameter | 11302 | | | Mastopexy (Breast Lift) | 19316 | | | 5.1 - 10.0 cc | 11952 | | |
| > 2.0 cm lesion diameter | 11303 | | | Mammoplasty; reduction | 19318 | | | More than 10.0 cc | 11954 | | |

The provider marks the procedures by circling or highlighting the procedure(s)

Do you see anything wrong with this non-shaded section?

Bilateral: A mark in this column indicates if the procedure can be charged as a bilateral procedure.

Shading in the Bilateral column: If the "bilateral" column is shaded in the Superbill, the procedure is normally not done on mirror images of the body and therefore should not be marked as "bilateral."

No shading in the Bilateral column: If the "bilateral" column is not shaded, use this box to indicate if a procedure is being performed bilaterally.

Quantity: Enter in the quantity for each procedure to be performed. Quantities greater than "1" indicate multiples of the same procedure, and for some codes, multiple sessions.

Teamwork Tip: Team up with your MTF coder/trainer to help train the physicians and their staff to select the correct procedure(s).

Helpful Tip: The bilateral and quantity fields are often overlooked. If you see an unshaded box, it must be filled in by the provider to generate an accurate estimate!



Overview of Operating the CSE

The User Guide has clear step-by-step instructions

Cosmetic Surgery Estimator v6.0 - Effective July 2010

CPT codes, descriptions and other data are copyright 2007 American Medical Association. All Rights Reserved. CPT is a trademark of the American Medical Association (AMA). Procedure codes designated as 17999-YXXXX were developed by TMA UBO and are not intended to serve as CPT codes. AMA rules and restrictions do not apply.

View Saved Inquiry
(click inquiry below)

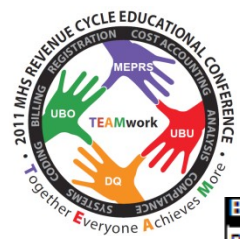
Example_SaveInquiry

**** Depending on the choices made or information entered, messages may appear. Many of these messages contain information and reminders and are not necessarily error messages. Read each one carefully.**

Remove Inquiry

Reset Inquiry

| New Inquiry: Complete the yellow boxes. | | | | | | Costs | |
|--|---|--|----------|------------------------------|---|---|---|
| Select By: | | CPT Code | or | CPT Description | CPT Glossary | Cost Rank: | 0 |
| 1 & 2 | What is the CPT code? | | | | | Professional Fee: | \$0.00 |
| 3 | Where will the procedure be performed? | <input checked="" type="radio"/> Military Treatment Facility <input type="radio"/> Provider's Office <input type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient | | 4 | Will this procedure be combined with a medically necessary procedure? | <input type="radio"/> Yes <input type="radio"/> No | Facility Cost: APC: \$0.00 DRG: \$0.00 |
| 5 | Will a dermatology resident perform the procedure? | <input type="radio"/> Yes <input type="radio"/> No | | 6 | Will the procedure be bilateral? | <input type="radio"/> Yes <input type="radio"/> No | Bilateral Cost: \$0.00 |
| 7 | Quantitative Procedures (Sessions): | 0 | 8 | Add-on Code: | | Qty: 0 | Add-on Cost: \$0.00 |
| 9 | Will anesthesia be used? | <input type="radio"/> Topical <input type="radio"/> General/Monitored Anes Care <input type="radio"/> Local Block <input type="radio"/> Moderate Sedation | | | | Anesthesia Cost: \$0.00 | |
| 10 | What pharmaceuticals will be provided by the MTF? | | | Price: \$0.00 | Qty: 0 | Pharmaceutical Cost: \$0.00 | |
| 11 | Will additional procedures be performed during the same visit? | | | | | <input type="radio"/> Yes <input type="radio"/> No | Additional Proc Cost: \$0.00 |
| 12 | Will implants or other non-covered supplies be supplied by the MTF? Include product name and price. | | | | | <input type="radio"/> Yes <input type="radio"/> No | Implant Cost: \$0.00 |
| VIEW/EDIT Additional Procedures VIEW/EDIT Implants/Pharmaceuticals | | | | | | Total Cost: | \$0.00 |
| Cost Report | | View Report | | Print Report | | Export Report | |
| Exit Estimator | | | | | | | |



Bilateral/Additional Procedures - Superbill to Estimate

| BLEPHAROPLASTY, BLEPHAROPTOSIS, CANTHOPLASTY | | | |
|---|-------|---|--|
| Blepharoplasty; lower eyelid | 15820 | ✓ | |
| Blepharoplasty; w/extensive herniated fat pad | 15821 | | |
| Blepharoplasty; upper eyelid | 15822 | ✓ | |
| Blepharoptosis; internal approach | 67903 | | |
| Blepharoptosis; external approach | 67904 | | |
| Canthoplasty | 67950 | | |

The higher the cost rank, the higher the fee; the primary procedure is always entered in Boxes # 1 & 2.

Page 25 of User Guide: Full guidance found under section titled "Biller's Guide to the Cosmetic Surgery Estimator"

| Select By: | CPT Code | or | CPT Description | CPT Glossary | Cost Rank: | Professional Fee: |
|-----------------------------|----------|----|-------------------------------|--------------|------------|-------------------|
| 1 & 2 What is the CPT code? | 15820 | ▼ | Blepharoplasty, lower eyelid; | ▼ | 130 | \$0.00 |

Reset Inquiry

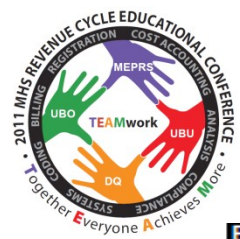
• The CPT Glossary provides an expanded description of the procedure. A separate Appendix in the User Guide and a soft copy of the CPT Glossary table is available for provider education.

| Select By: | CPT Code | or | CPT Description | CPT Glossary | Cost Rank: | Professional Fee: |
|-----------------------------|----------|----|-------------------------------|--------------|------------|-------------------|
| 1 & 2 What is the CPT code? | 15822 | ▼ | Blepharoplasty, upper eyelid; | ▼ | 106 | \$0.00 |

Primary CPT Code

If patient is requesting a price estimate for multiple procedures, the primary CPT code shall be that for the procedure with the highest Cost Ranking before discounts are taken.

← Page 12 of User Guide under: FEES FOR ELECTIVE COSMETIC SURGERY



Bilateral/Additional Procedures - Superbill to Estimate

| BLEPHAROPLASTY, BLEPHAROPTOSIS, CANTHOPLASTY | | | |
|---|-------|-------------------------------------|--|
| Blepharoplasty; lower eyelid | 15820 | <input checked="" type="checkbox"/> | |
| Blepharoplasty; w/extensive herniated fat pad | 15821 | <input checked="" type="checkbox"/> | |
| Blepharoplasty; upper eyelid | 15822 | <input checked="" type="checkbox"/> | |
| Blepharoptosis; internal approach | 67903 | | |
| Blepharoptosis; external approach | 67904 | | |
| Canthoplasty | 67950 | | |

Location: ☐ Provider's Office ☒ Operating Room Inpatient
☐ Other Location: _____ ☒ Operating Room Outpatient

These sections **MUST** be filled out on the Superbill

Will this procedure be combined with a medically necessary procedure? ☐ Yes ☒ No

| | | | | | |
|------------------|--|--|--|--|----------|
| 1 & 2 | What is the CPT code? | 15820 | Blepharoplasty, lower eyelid; | Professional Fee: | \$469.00 |
| 3 | Where will the procedure be performed? | <input checked="" type="radio"/> Military Treatment Facility <input type="radio"/> Provider's Office <input type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient | 4 Will this procedure be combined with a medically necessary procedure? <input type="radio"/> Yes <input checked="" type="radio"/> No | Facility Cost: APC \$1,613.00 DRG \$0.00 | |
| 5 | Will a dermatology resident perform the procedure? | N/A | 6 Will the procedure be bilateral? <input type="radio"/> Yes <input checked="" type="radio"/> No | Bilateral Cost: \$0.00 | |

| | | | | | |
|------------------|--|--|--|--|----------|
| 1 & 2 | What is the CPT code? | 15820 | Blepharoplasty, lower eyelid; | Professional Fee: | \$469.00 |
| 3 | Where will the procedure be performed? | <input checked="" type="radio"/> Military Treatment Facility <input type="radio"/> Provider's Office <input type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient | 4 Will this procedure be combined with a medically necessary procedure? <input type="radio"/> Yes <input checked="" type="radio"/> No | Facility Cost: APC \$1,613.00 DRG \$0.00 | |
| 5 | Will a dermatology resident perform the procedure? | N/A | 6 Will the procedure be bilateral? <input type="radio"/> Yes <input checked="" type="radio"/> No | Bilateral Cost: \$1,041.00 | |

Correct

Box # 4:
 Elective cosmetic surgery procedure(s) done with a medically necessary procedure result in a 50% discount for facility and anesthesia charges

• Professional fees are not



A Look at the Business Rules

| Business Rule Category | Provider's Office | OR/Outpatient | OR/Inpatient |
|---|--|---|--|
| Elective Procedure Combined with a Medically Necessary Procedure | Professional Fee for Elective Procedure, 100% + Anesthesia Fee, 50% (usually moderate sedation) | Professional Fee for Elective Procedure, 100% + Facility Fee (APC), 50% + Anesthesia Fee, 50% | *Facility Fee (DRG), 50% *Total cost for inpatient procedure (DRG) <u>includes</u> applicable professional and anesthesia fees |
| Bilateral Procedure | + Professional Fee, 50% | + Professional Fee, 50% + Facility Fee (APC), 50% | *\$1000 flat fee *Covers additional professional, facility, and anesthesia fees If more than one additional bilateral procedure is done, \$1000 fee is applied to <u>each</u> additional procedure |
| Additional Procedure(s) | + Professional Fee, 50% | + Professional Fee, 50% + Facility Fee (APC), 50% No additional anesthesia fee | *\$1000 flat fee *Covers additional professional, facility, and anesthesia fees |

| | | | | | |
|------------------|--|---|--|-------------------|------------------------------|
| 1 & 2 | What is the CPT code? | 15820 | Blepharoplasty, lower eyelid; | Professional Fee: | \$469.00 |
| 3 | Where will the procedure be performed? | <input checked="" type="radio"/> Military Treatment Facility <input type="radio"/> Provider's Office <input checked="" type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient | 4 Will this procedure be combined with a medically necessary procedure? <input type="radio"/> Yes <input checked="" type="radio"/> No | Facility Cost: | APC \$1,613.00 DRG \$0.00 |
| 5 | Will a dermatology resident perform the procedure? | N/A | 6 Will the procedure be bilateral? <input checked="" type="radio"/> Yes <input type="radio"/> No | Bilateral Cost: | \$1,041.00 |

• CSE automatically totals the two fees and discounts by 50% (rounding to nearest \$1) to compute the bilateral charge for the first surgery.



Bilateral/Additional Procedures - Superbill to Estimate

| BLEPHAROPLASTY, BLEPHAROPTOSIS, CANTHOPLASTY | | | | |
|---|-------|-------------------------------------|--|--|
| Blepharoplasty; lower eyelid | 15820 | <input checked="" type="checkbox"/> | | |
| Blepharoplasty; w/extensive herniated fat pad | 15821 | <input checked="" type="checkbox"/> | | |
| Blepharoplasty; upper eyelid | 15822 | <input checked="" type="checkbox"/> | | |
| Blepharoptosis; internal approach | 67903 | | | |
| Blepharoptosis; external approach | 67904 | | | |
| Canthoplasty | 67950 | | | |

| | |
|---|--------------------------------------|
| Anesthesia: | |
| <input checked="" type="checkbox"/> Monitored/General Anesthesia Care | <input type="checkbox"/> Local Block |
| <input type="checkbox"/> Moderate Sedation | <input type="checkbox"/> Topical |
| | <input type="checkbox"/> None |



This section MUST be filled out on the Superbill

| | | | | |
|----------|---------------------------------|-----------------------------------|--|-------------------------|
| 9 | Will anesthesia be used? | <input type="radio"/> Topical | <input checked="" type="radio"/> General/Monitored Anes Care | Anesthesia Cost: |
| | | <input type="radio"/> Local Block | <input type="radio"/> Moderate Sedation | |
| | | | | \$197.00 |

Box # 9: The anesthesia fee applies to the primary procedure selected in Box # 1, and the CSE automatically calculates the cost. It is a single all-inclusive rate.

| | | | |
|-----------|---|---------------------------|-------------------------------------|
| 11 | Will additional procedures be performed during the same visit? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
|-----------|---|---------------------------|-------------------------------------|

Box # 11: If more than one elective cosmetic procedure will be performed during the same surgical visit choose "Yes."

- A new window will open called **Additional Procedures**, where additional CPT codes and procedure options can be chosen.



Bilateral/Additional Procedures - Superbill to Estimate

Additional Procedures

1. Add an Additional Procedure by selecting a CPT code or CPT Description from one of the drop-down boxes below.
 2. Enter a quantity for the procedure to be performed in the "Proc Qty" box.
 3. If a Chemodenervation procedure is selected, indicate whether or not a dermatology resident will be performing the procedure in the "Derm Res?" box.
 4. Click "Bilat?" if the procedure will be performed bilaterally.
 5. If a Subcutaneous Injection procedure is selected, choose what filler substance will be used from the "Botox/Filler" drop-down box, enter the price per unit in the "Unit Price" box, and the number of units to be used in the "Qty" box.

Select a Additional Procedure by clicking on the:

| CPT Code | or | CPT Description | CPT Glossary | Botox / Filler | Unit Price | Qty |
|----------|----|-------------------------------|--------------|----------------|------------|-----|
| 15822 | | Blepharoplasty, upper eyelid; | | N/A | | |

| CPT Code | CPT Description | Professional \$ | Facility \$ | Proc Qty | Derm Res ? | Bilat ? | Bilat \$ | Botox / Filler | Botox / Filler \$ | Total Cost |
|----------|-------------------------------|-----------------|-------------|----------|--------------------------|-------------------------------------|----------|----------------|-------------------|------------|
| 15822 | Blepharoplasty, upper eyelid; | \$177.00 | \$806.00 | 0 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$983.00 | N/A | \$0.00 | \$1,966.00 |

Cost of Additional Procedures: \$1,966.00

Clear List Close

Record: 1 of 1 No Filter Search



Completed Bilateral/Additional Procedures Entry

| New Inquiry: Complete the yellow boxes. | | | | | | Costs | |
|--|---|---|----------|-------------------------------|---|--|--|
| Select By: | | CPT Code | or | CPT Description | CPT Glossary | Cost Rank: | 0 |
| 1 & 2 | What is the CPT code? | 15820 | | Blepharoplasty, lower eyelid; | | Professional Fee: | \$469.00 |
| 3 | Where will the procedure be performed? | <input checked="" type="radio"/> Military Treatment Facility <input type="radio"/> Provider's Office <input checked="" type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient | | 4 | Will this procedure be combined with a medically necessary procedure? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Facility Cost: APC: \$1,613.00 DRG: \$0.00 |
| 5 | Will a dermatology resident perform the procedure? | N/A | | 6 | Will the procedure be bilateral? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Bilateral Cost: \$1,041.00 |
| 7 | Quantitative Procedures (Sessions): | N/A | 8 | Add-on Code: | N/A | | Add-on Cost: \$0.00 |
| 9 | Will anesthesia be used? | <input type="radio"/> Topical <input checked="" type="radio"/> General/Monitored Anes Care <input type="radio"/> Local Block <input type="radio"/> Moderate Sedation | | | | | Anesthesia Cost: \$197.00 |
| 10 | What pharmaceuticals will be provided by the MTF? | N/A | | | | | Pharmaceutical Cost: \$0.00 |
| 11 | Will additional procedures be performed during the same visit? | | | | | <input checked="" type="radio"/> Yes <input type="radio"/> No | Additional Proc Cost: \$1,966.00 |
| 12 | Will implants or other non-covered supplies be supplied by the MTF? Include product name and price. | | | | | <input type="radio"/> Yes <input checked="" type="radio"/> No | Implant Cost: \$0.00 |
| VIEW/EDIT Additional Procedures VIEW/EDIT Implants/Pharmaceuticals | | | | | | Total Cost: | \$5,286.00 |

The "Costs" column on this screen groups various fees based on calculations done when each box is selected.

The Estimate report groups the fees based on totals of the separate fees associated with professional, facility, anesthesia, and other costs.

The "Total Cost" is the same.

| BLEPHAROPLASTY, BLEPHAROPTOSIS, CANTHOPLASTY | | | |
|---|-------|-------------------------------------|--|
| Blepharoplasty; lower eyelid | 15820 | <input checked="" type="checkbox"/> | |
| Blepharoplasty; w/extensive herniated fat pad | 15821 | <input type="checkbox"/> | |
| Blepharoplasty; upper eyelid | 15822 | <input checked="" type="checkbox"/> | |
| Blepharoptosis; internal approach | 67903 | <input type="checkbox"/> | |
| Blepharoptosis; external approach | 67904 | <input type="checkbox"/> | |
| Canthoplasty | 67950 | <input type="checkbox"/> | |



Completed Multiple & Bilateral Procedure Estimate

Cosmetic Surgery Estimator Cost Report

KEEP ORIGINALS OF SUPERBILL, THIS REPORT, AND CHGS I&R IN YOUR FILE

| CPT | CPT Title |
|-------|-------------------------------|
| 15820 | Blepharoplasty, lower eyelid; |
| 15822 | Blepharoplasty, upper eyelid; |

Combined with a medically necessary procedure?

Professional Fee Cost: **\$1,057.00**

Place of Service Cost: **\$4,032.00**

Quantitative Procedures Procedure (total sessions):

Filler / Pharmaceutical Qty: Cost: **\$0.00**

Anesthesia Type Anesthesia Cost: **\$197.00**

Implants / Other Supplies Implants Cost: **\$0.00**

Total Costs **\$5,286.00**

Prices are subject to change



Quantity Calculations - Box # 7

| New Inquiry: Complete the yellow boxes. | | | | | | Costs | |
|---|--|--|----|---|---|---|--|
| Select By: | | CPT Code | or | CPT Description | CPT Glossary | Cost Rank: | 14 |
| 1 & 2 | What is the CPT code? | 11310 | | Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 | | Professional Fee: | \$0.00 |
| 3 | Where will the procedure be performed? | <input checked="" type="radio"/> Military Treatment Facility <input type="radio"/> Provider's Office <input type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient | | 4 | Will this procedure be combined with a medically necessary procedure? | <input type="radio"/> Yes <input type="radio"/> No | Facility Cost: APC: \$0.00 DRG: \$0.00 |
| 5 | Will a dermatology resident perform the procedure? | N/A | | 6 | Will the procedure be bilateral? | <input type="radio"/> Yes <input type="radio"/> No | Bilateral Cost: \$0.00 |
| 7 | Quantitative Procedures (Sessions): | 1 | 8 | Add-on Code: | N/A | | Add-on Cost: \$0.00 |
| | | | | | | esia Cost: | \$0.00 |
| | | | | | | aceutical Cost: | \$0.00 |
| | | | | | | nal Proc Cost: | \$0.00 |

Confirm Entry ✕

This is a quantitative procedure. The number of sessions or injections can be entered in Box #7.

Upon entry of a code in Box # 1, a text box will alert the user if the CPT code is designated as potentially quantitative and subject to discounting for a procedure with more than one unit of service.

Not all procedures are quantitative in nature, therefore this box is only operational for select procedures.



Add-on Codes in Box # 8

| Procedure Description | Code | Bi | Qty |
|------------------------------------|---------|----|-----|
| SKIN TAG REMOVAL | | | |
| Removal of skin tags, up to 15 | 11200 | | |
| Removal of skin tags, ea addl 1-10 | 11201 + | | 10 |

Some procedures are considered secondary procedures and can only be done in conjunction with another primary procedure. These procedures are denoted as “add-on codes.” The symbol “+” appears on the Superbill.

| Select By: | CPT Code | or | CPT Description | CPT Glossary | Cost Rank: | 13 |
|---|-----------------------------|-----------------------|--|--|-------------------|----------|
| 1 & 2 What is the CPT code? | 11200 | ▼ | Removal of skin tags, multiple fibrocutaneous tags anywhere up to and including 15 lesions | | Professional Fee: | \$77.00 |
| 3 Where will the procedure be performed? | Military Treatment Facility | | 4 Will this procedure be combined with a medically necessary procedure? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Facility Cost: | \$0.00 |
| 5 Will a dermatology resident perform the procedure? | N/A | | 6 Will the procedure be bilateral? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Bilateral Cost: | \$0.00 |
| 7 Quantitative Procedures (Sessions): | N/A | 8 Add-on Code: | 11201 | 9 | Add-on Cost: | \$180.00 |

Confirm Entry



Secondary procedures can be performed in conjunction with this procedure. Select the appropriate add-on codes in Box #8.

OK

When a primary code with an associated add-on code is chosen in Boxes # 1 or 2, a comment box will appear indicating that an add-on code can be selected in Box # 8.

Add-on codes are not available for selection in Boxes # 1 & 2.

Follow the arrows starting with 11201 and note the Add-on Cost of \$180

Why \$180 for 10 additional when the first 15 only cost \$77?

Hint: Click on CPT Glossary button



Botox Cosmetic® Supply & Chemodenervation

| CHEMODENERVATION (add Botox qty below) | | | |
|--|-------|-------|-----|
| Performed by a dermatology resident? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| Chemodenervation; facial | 64612 | | |
| Chemodenervation; neck | 64613 | | |
| Chemodenervation; extremity or trunk | 64614 | | |
| Chemodenervation; both axillae | 64650 | | |
| Chemodenervation; eccrine glands other areas, per day | 64653 | | |
| Botox | | Price | Qty |
| Botox Cosmetic® | J0585 | | 2.5 |

Note: Currently, the CSE allows only Botox Cosmetic® to be selected in Box # 10 when the associated injection codes 64612, 64613, 64614, 64650, 64653 are chosen in Box # 1.

Dysport® can also be used with these injection codes; use Box # 12 instead. Dysport is locally priced.

Superbill Instructions for Providers page 18 of the User Guide:

Botox treatments require coding for the professional service of injecting Botox Cosmetic®, classified as chemodenervation, as well as the supply, or units, of Botox the physician anticipates using. The price for 2010 is \$5.46 per unit. In addition to selecting the code for the part of the body in which the chemodenervation procedure is to take place, there are boxes to indicate whether or not a procedure is being performed by a resident.

For chemodenervation procedures, you must choose both the procedure to be performed and Botox® as a pharmaceutical for a proper price estimate.

| | | | |
|---|--|---------------------------|-------------------------------------|
| 5 | Will a dermatology resident perform the procedure? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
|---|--|---------------------------|-------------------------------------|

Confirm Entry

This is a Chemodenervation procedure. If patient is 64 years or younger, a discount is available if the procedure is performed by a dermatology resident. Choose 'Yes' in Box #5 to apply discount. Botox® used for this procedure must be selected separately in Box #10 (What pharmaceuticals will be provided by the MTF?).

OK



Cosmetic Injection of Filling Materials

| Subcutaneous Injection of Filling Material | | | |
|--|----------|-------|-----|
| (Specify filling material, qty, and price below) | | | |
| 1 cc or less | 11950 | | |
| 1.1 - 5.0 cc | 11951 | | |
| 5.1 - 10.0 cc | 11952 | | |
| More than 10.0 cc | 11954 | | |
| Soft Tissue Fillers | | Price | Qty |
| Radiesse®/Radiesse® | J3490-01 | | |
| Restylane® | J3490-02 | | |
| Zyderm® | J3490-03 | | |
| Zyplast® | J3490-04 | | |
| Artefil® | J3490-05 | | |
| Cosmoplast®/Cosmoderm® | J3490-06 | | |
| Cymetra® | J3490-07 | | |
| Evolence® | J3490-08 | | |
| Dermalogen® | J3490-09 | | |
| Fascian® | J3490-10 | | |
| Sculptra® | J3490-11 | | |
| Silicone | J3490-12 | | |
| Other | J3490 | | |

A procedure involving Soft Tissue Fillers require the selection of an additional code in the Subcutaneous Injection of Filling Material

| | | | | | |
|----|---|-----------|----------|-----|----------------------|
| 10 | What pharmaceuticals will be provided by the MTF? | Juvederm® | Price | Qty | Pharmaceutical Cost: |
| | | | \$400.00 | 1 | \$400.00 |

If a Subcutaneous Injection of Filling Material or chemodenervation

procedure is chosen, use Box # 10 to choose the appropriate filler, and the price per unit.

The materials are local purchases and price varies by MTF location. Obtain the name and quantity of the item from the physician and the price from the MTF pharmacy or other pricing authority to add to the estimate.



Implants & Other Supplies - Box # 12

| New Inquiry: Complete the yellow boxes. | | | | Costs | |
|---|-----------------------|-------|--|--------------|-----------------------|
| Select By: | CPT Code | or | CPT Description | CPT Glossary | Cost Rank: |
| 1 & 2 | What is the CPT code? | 19325 | Mammaplasty, augmentation; with prosthetic implant | | 150 |
| | | | | | Professional Fee: |
| | | | | | \$606.00 |
| | | | | | Facility Cost: |
| | | | | | APC \$3,925.00 |
| | | | | | DRG \$0.00 |
| | | | | | Bilateral Cost: |
| | | | | | \$2,266.00 |
| | | | | | Add-on Cost: |
| | | | | | \$0.00 |
| | | | | | Anesthesia Cost: |
| | | | | | \$329.00 |
| | | | | | Pharmaceutical Cost: |
| | | | | | \$0.00 |
| | | | | | Additional Proc Cost: |
| | | | | | \$0.00 |
| | | | | | Implant Cost: |
| | | | | | \$1,600.00 |
| | | | | | Total Cost: |
| | | | | | \$8,726.00 |

| Nomenclature | Quantity | Unit Cost | Totals Costs |
|-------------------------------|----------|-----------|--------------|
| Acme Silicone Breast Implants | 2 | \$800.00 | \$1,600.00 |
| | 0 | \$0.00 | \$0.00 |

| | |
|-----------------------|------------|
| Cost of Implant/Drug: | \$1,600.00 |
| Clear | Close |

| | | | |
|------------|--------|-----------|--------|
| Record: 14 | 2 of 2 | No Filter | Search |
|------------|--------|-----------|--------|

| | | | |
|----|---|--------------------------------------|-------------------------------------|
| 11 | Will additional procedures be performed during the same visit? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 12 | Will implants or other non-covered supplies be supplied by the MTF? Include product name and price. | <input checked="" type="radio"/> Yes | <input type="radio"/> No |

| | |
|---------------------------------|------------------------------------|
| VIEW/EDIT Additional Procedures | VIEW/EDIT Implants/Pharmaceuticals |
|---------------------------------|------------------------------------|

| | | |
|-------|--|------------|
| 19325 | Mammaplasty, augmentation; with prosthetic implant | \$8,726.00 |
|-------|--|------------|

Implants are local purchases and cost varies by MTF.

If separate payment for implants is made by the patient, recommend that proof of purchase be maintained in the business file.

- There is no selection area on the Superbill for implants. You must note when the procedure description includes implants.



FAQs

- Can fields for the patient name and/or last four digits of Social Security Number be added to the cost estimate report?
 - No, prohibited by patient privacy provisions
 - *Side Note:* Cosmetic Surgery Estimate Reports should not be saved to a desktop with either personal health information (PHI) or personally identifiable information (PII) unless appropriate HIPAA precautions are taken
 - Is the last 3-4 letters of last name, last letter of first name an acceptable substitute in place of a patient's name?
- Can a date of surgery field be added to the CSE Cost Estimate Report generated for the patient?
 - No, surgery should not be scheduled until the patient has completed necessary paperwork and shows evidence to the physician of payment in full



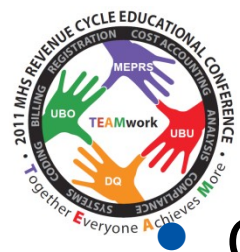
Distribution of Current CSE & Materials

- CSE Database and all associated materials available for download from a secure Altarum SharePoint Internet site for access control
 - Suggest you save older versions of the CSE tool
- MTF user names and passwords are distributed to your Service Manager who disseminates information to designated staff
- Distribution of the Estimator is controlled through site IDs and passwords, and any request for the Estimator must be forwarded to the appropriate Service Manager for approval and then to the UBO Helpdesk. MSA/UBO staff are not authorized to distribute the Estimator outside their own offices.



Helpdesk Assistance & Resources

- UBO.Helpdesk@altarum.org (703) 575-5385
 - Include “Cosmetic Surgery” or “CS” in subject line
 - You should Cc your Service Manager on Helpdesk questions
 - Queries that are policy centric (e.g., physician requests, pricing exceptions, medical necessity clarification) will be elevated to your Service Manager and the UBO Program Office for a coordinated response
 - With the strong MSA staff and leadership across the MHS enterprise, TEAMwork succeeds: “Together Everyone Achieves More”
- Cosmetic Surgery 2010 rate table, User Guide, Superbill:
 - http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates/cs.cfm
- HA Policy 05-020:
 - <http://www.health.mil/hapolicies.aspx?policyYear=2005>



Questions

Questions or Comments?

